

# Membership Application

DATE / / MY MEMBERSHIP IS:  NEW  RENEWING  LAPSED

DR. MR. MRS. MS.

ADDRESS

CITY STATE ZIP

PHONE ( )

E-MAIL ADDRESS

SCHOOL

*Check Category of Membership:*

- |                                     |      |                                       |         |
|-------------------------------------|------|---------------------------------------|---------|
| <input type="checkbox"/> STUDENT    | \$5  | <input type="checkbox"/> CONTRIBUTING | \$50    |
| <input type="checkbox"/> TEACHER    | \$5  | <input type="checkbox"/> BENEFACTOR   | \$100   |
| <input type="checkbox"/> INDIVIDUAL | \$15 | <input type="checkbox"/> SUSTAINING   | \$1,000 |
| <input type="checkbox"/> FAMILY     | \$25 |                                       |         |

AMOUNT ENCLOSED:

*Please send me more information about volunteer opportunities.*

## GIFT MEMBERSHIP APPLICATION

DATE / /

I WISH TO ENROLL THE FOLLOWING AS MEMBER(S):

CARD SHOULD READ: *Gift from*

YOUR TELEPHONE: ( )

DR. MR. MRS. MS.

ADDRESS

CITY STATE ZIP

PHONE ( )

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SCHOOL

*Check Category of Membership:*

- |   |      |                                       |         |
|---|------|---------------------------------------|---------|
| <input type="checkbox"/> STUDENT OR TEACHER | \$5  | <input type="checkbox"/> CONTRIBUTING | \$50    |
| <input type="checkbox"/> INDIVIDUAL         | \$15 | <input type="checkbox"/> BENEFACTOR   | \$100   |
| <input type="checkbox"/> FAMILY             | \$25 | <input type="checkbox"/> SUSTAINING   | \$1,000 |

AMOUNT ENCLOSED:

*Make check payable to the Morse Museum of American Art.*  
MAIL TO: Morse Museum of American Art, 445 N. Park Avenue,  
Winter Park, FL 32789. Attention: Membership